

# HCA Tribal Affairs Billing Work Group

December 16, 2013
Mike Longnecker,
HCA Tribal Affairs Operations & Compliance Manager

## Agenda

#### **Tribal Affairs Updates**

- 1. Tribal Affairs website
- 2. SBIRT training in January
- 3. Tribal Affairs Billing Work Group Meeting Schedule 2014

#### **Old Business**

- 1. CD claims MUST HAVE the SCI claim note
- 2. Medicare
  - a) Medicare & mental health (Waiting for answer)
  - b) Medicare crossovers (Medicare may not forward the T1015 code/UA/SE)
  - 3. Simplify the AI/AN vs non-Native designation

#### **New Business**

- 1. Benefit Changes (Alternative Benefit Package)
- 2. Physical and Speech Therapy Encounters
- 3. EOB Explanation
- 4. Internet explorer issues, how to resolve compatibility issues
- 5. How do Medicare crossovers process?
- 6. New billing guide preferences

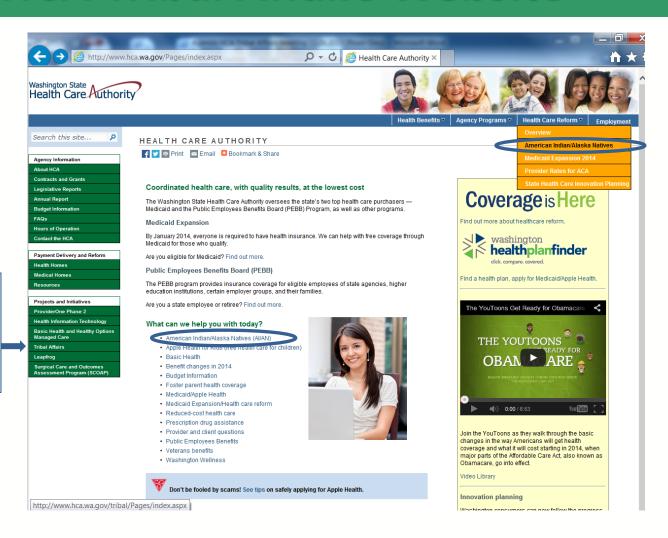


#### **HCA Tribal Affairs Website**

hca.wa.gov then click on Tribal Affairs

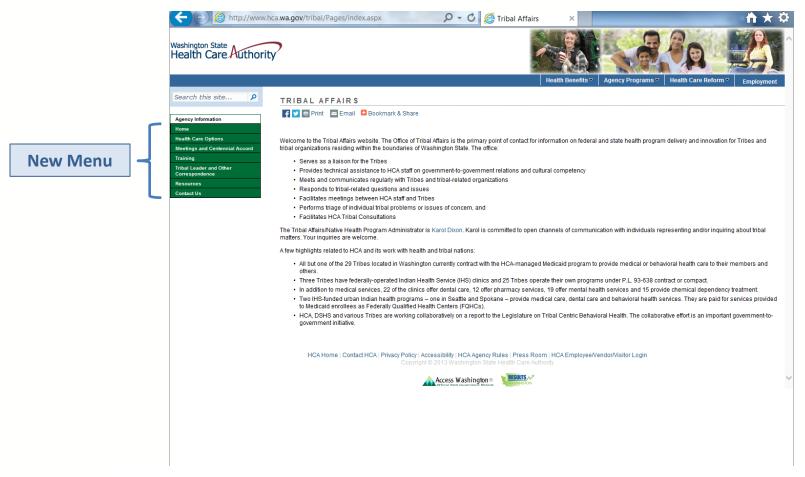
**Previously: Centennial Accord** 

**Updated: Tribal Affairs** 



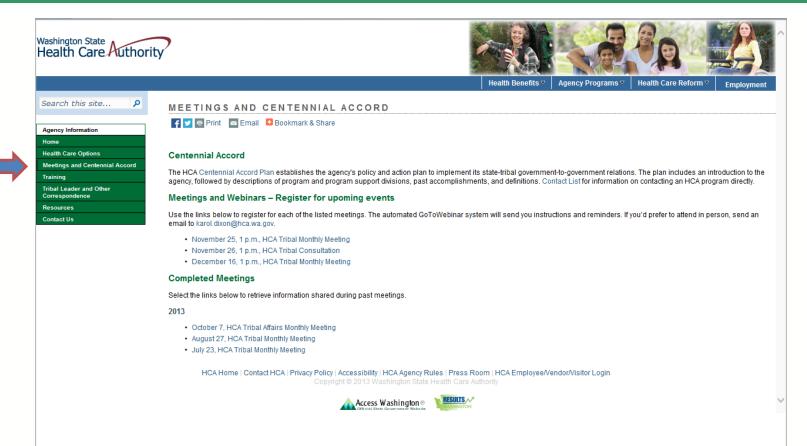


#### Reorganized Structure & Content



Direct link is <a href="http://www.hca.wa.gov/tribal/Pages/index.aspx">http://www.hca.wa.gov/tribal/Pages/index.aspx</a>

#### **Meetings & Related Documents**





#### **SBIRT**

# Screening, brief intervention, and referral to treatment (SBIRT)

- Reminder save the date.
- Encounter eligible service payable in Primary Care Setting.
- Payable to ARNP, CD professionals (in primary care setting), LPN, RN, MH counselor, Marriage/family therapist, social worker, physician, PA, psychologist, dentist, dental hygienist.
- 01/10 NATIVE project, Spokane
- 01/17 Puyallup Tribal Health Association



#### Billing Work Group Schedule for 2014

FINAL 2014 schedule, 2<sup>nd</sup> Tuesday 9 AM NOTE: The dates below vary from an earlier schedule.

Please use these dates.

- January 14
- February 11
- March 11
- April 8
- May 13
- June 10

- July 8
- August 12
- September 9
- October 14
- November 12
- December 9



#### **CD Claims MUST HAVE the SCI Claim Note**

- AI/AN SCI=NA
- NN SCI=NN



#### Medicare

- Medicare sometimes does not cover Mental Health
- Medicare is not forwarding T1015/Tribal Modifiers

#### Simplify the AI/AN v. non-Native Designation

- No more UA/SE, HE/SE, HF/HX or claim note and just use EPA
- Relatively large change, opinions? Concerns?



#### **Drivers to Change:**

- Implement our defined alternative benefit plan (ABP) for the Expansion Population
- Offer an ABP that is the same as the benefit plan for current clients (Classic Medicaid)
  - Change the benefits in Classic to meet our ABP
  - Changes approved by Legislature
- Make other changes mandated by Legislature, keeping Classic and ABP the same, except for Habilitative Services - per budget proviso for ABP only



**When:** January 1, 2014

#### What's Changing?

- 1) Restoration of Dental Benefits for Adults (FFS) (BUD)
  - Restorative
  - Preventative
  - Dentures



- 2) Preventive Care Changes
  - \*Add shingles vaccination for clients over 60 years of age (ACA)

- Add Naturopathic physicians to the list of eligible providers for primary care services for all clients (BUD)
  - No coverage for homeopathic interventions

- Add screenings of children for autism by primary care providers (BUD)
- Add screening, brief intervention and referral for treatment (SBIRT) by trained certified providers for clients known to be or at high risk for substance abuse, to include alcohol and drugs w/wo anxiety and depression (ACA)
- Add prescription fills of oral contraceptives for 12 months at a time for female clients (BUD)

- 3) Changes to Mental Health (MH) benefit -achieve MH Parity—
  - No limits on number of visits all ages (12, 20)
  - Expansion of eligible providers to provide counseling services for adults:
    - Licensed Psychologists
    - Licensed Advanced Registered Nurse Practitioners
    - Licensed Advanced Social Workers
    - Licensed Independent Social Workers
    - Licensed Mental Health Counselors
    - Licensed Marriage and Family Therapists



For Expansion population **ONLY** (ACA)

#### 4) Habilitative services -

Are medically necessary services provided to assist the client in partially or fully attaining, learning, keeping or improving developmental-age appropriate skills that were never present as a result of a congenital, genetic, or early acquired health condition and required to maximize, to the extent practical, the client's ability to function within their environment.

These services will be covered equivalent to the current outpatient rehabilitation services (6 visits each for physical, occupational and speech therapy) and subject to limitation extensions as determined medically necessary via prior authorization.

Devices provided for this purpose are covered under the DME benefit.

These services do not include:

Day habilitation services designed to provide training, structured activities and specialized services to adults.

Chore services to assist with basic needs.

Vocational services.

Custodial services.

Respite.

Recreational care.

Residential treatment.

Social services.

Educational services of any kind.



## **Physical and Speech Therapy Encounters**

**Guest: Jean Gowen** 

HCA Program Manager, Outpatient Rehabilitation



# Physical Therapy (PT) Encounters

Guest Speaker Jean Gowen, HCA program manager, Outpatient Rehab.

Physical Therapy by physical therapist is Billing taxonomy 225100000x

Refer to the Outpatient Rehabilitation guide for policies/limitations

http://www.hca.wa.gov/medicaid/billing/documents/guides/op\_rehabilitation\_bi.pdf

Age 0-20 has no frequency limitations

Age 21+ limit is 24 units (6 hours per year)

Age 21+ is eligible for additional visits with EPA (line level)

Physical Therapy by a Physician, Podiatrist, ARNP, PAC, and specialty physicians is billing taxonomy 208D00000x and has no frequency limitations to PT when conducted by these providers.

Like Chemical Dependency we have program modifiers and Tribal modifiers, thankfully this time there is no overlap.

Many of the PT codes are "per 15 minutes", remember to bill with the correct number of units on the billing codes

Washington State Health Care Authority

## PT examples

Client 1 is AI/AN. Client needs 1 hour of therapeutic exercise by a physical therapist

- 1. CPT 97110 requires modifier GP
- 2. AI/AN requires modifier UA
- 3. Billing taxonomy is 225100000X
- 4. Use servicing taxonomy specific to the service being billed, often 225100000x

Procedure	Program	Tribal	Submitted
code	modifier	modifier	units
97110	GP	UA	4
T1015		UA	1

Client 2 is nonNative. Client needs 1 hour of Therapeutic exercise by a physical therapist

- 1. CPT 97110 requires modifier GP
- 2. NonNative requires modifier SE
- 3. Billing taxonomy is 225100000X
- 4. Use servicing taxonomy specific to the service being billed, often 225100000x

	Program modifier		
97110	GP	SE	4
T1015		SE	1



## PT examples

Client 1 is AI/AN. Client needs 1 hour of therapeutic exercise by a physician

- 1. CPT 97110 requires modifier AF
- 2. AI/AN requires modifier UA
- 3. Billing taxonomy is 208D00000x
- 4. Use servicing taxonomy specific to the service being billed, contact your Tribal Affairs liaison for assistance

Client 2 is nonNative. Client needs 1 hour of Therapeutic exercise by a physician

- 1. CPT 97110 requires modifier AF
- 2. NonNative requires modifier SE
- 3. Billing taxonomy is 208D00000x
- 4. Use servicing taxonomy specific to the service being billed, contact your Tribal Affairs liaison for assistance

Procedure	Program	Tribal	Submitted
code	modifier	modifier	units
97110	AF	UA	4
T1015		UA	1

Procedu	Program	Tribal	Submitt
re code	modifier	modifier	ed units
97110	AF	SE	4
T1015		SE	1



# Speech Therapy (ST) Encounters

Speech Therapy by a speech therapist is billing taxonomy 235Z00000x

Refer to the Outpatient Rehabilitation guide for policies/limitations

<a href="http://www.hca.wa.gov/medicaid/billing/documents/guides/op-rehabilitation-bi.pdf">http://www.hca.wa.gov/medicaid/billing/documents/guides/op-rehabilitation-bi.pdf</a>

Age 0-20 has no frequency limitations

Age 21+ limit is 6 visits

Age 21+ is eligible for additional visits with EPA (line level)

Speech Therapy by a Physician, ARNP, PAC, and specialty physicians billing taxonomy is 208D00000x has no frequency limitations for Speech Therapy when conducted by these providers

Like Chemical Dependency we have program modifiers and Tribal modifiers, thankfully this time there is no overlap.



# ST examples

Client 1 is AI/AN. Client needs Speech/hearing Therapy by a speech therapist

- 1. CPT 92507 requires modifier GN
- 2. AI/AN requires modifier UA
- 3. Billing taxonomy is 235Z00000x
- 4. Use servicing taxonomy specific to the service being billed, often 235Z00000x

Procedure	Program	Tribal
code	modifier	modifier
92507	GN	UA
T1015		UA

Client 2 is nonNative Client needs Speech/hearing Therapy by a speech therapist

- 1. CPT 92507 requires modifier GN
- 2. AI/AN requires modifier SE
- 3. Billing taxonomy is 235Z00000X
- 4. Use servicing taxonomy specific to the service being billed, often 235Z00000x

Procedure code	Program modifier	Tribal modifier
92507	GN	SE
T1015		SE



# ST examples

Client 1 is AI/AN. Client needs Speech/hearing Therapy by a physician

- 1. CPT 92507 requires modifier AF
- 2. AI/AN requires modifier UA
- 3. Billing taxonomy is 208D00000x
- 4. Use servicing taxonomy specific to the service being billed, contact your Tribal Liaison with questions

Client 2 is nonNative Client needs Speech/hearing Therapy by a physician

- 1. CPT 92507 requires modifier AF
- 2. AI/AN requires modifier SE
- 3. Billing taxonomy is 208D00000x
- 4. Use servicing taxonomy specific to the service being billed, contact your Tribal Liaison with questions

Procedure	Program	Tribal
code	modifier	modifier
92507	AF	UA
T1015		UA

Procedure code	Program modifier	Tribal modifier
92507	AF	SE
T1015		SE



# **EOB** Explanation

#### Top 20 Denial Codes

See the handout for the exact language (and my addition, what they really mean).

181	23	236
24	26	29
4	96 + N30	96 + N59
96 + N54	B5	107
125 + N152	16 + M47	16 + M79
16 + M119	18	

#### Internet Explorer Issues

- ProviderOne is currently not compatible with IE 10/11 (this should be corrected in future)
- In the interim if you appear to have issues with ProviderOne screens freezing or not providing the drop downs here is workaround:
- 1. open ProviderOne but do not log in
- 2. click on the tools tab (menu bar at top of screen)
- 3. click on 'compatibility view settings'
- 4. you should already be prompted to add this site wa.gov. Click the 'add' button and close the popup window.



#### **How do Medicare Crossovers Process?**

- Medicare crossovers must be received within 6 months of the Medicare paid date
- Bill HCA exactly how you billed Medicare with 2 exceptions:
- 1. add the UA/SE (or HE) modifier on all lines.
- 2. add the T1015 line. The Medicare monies will be \$0 on the T1015.
- Even though the billing code will usually deny the system has been setup to recognize that a 'payment' has been made on the billing code and allows the T1015 to balance pay.

#### **New Billing Guide Preferences**

 Temporary update to Tribal Health Billing guide to include the Mental Health codes and updated AI/AN vs NN billing matrix

 Permanent Tribal Health Billing Guide, how do we want to set it up?

## Tribal Billing Guide revision

#### **Comments & Closing**



For billing questions, contact:

Mike Longnecker

michael.longnecker@hca.wa.gov 360-725-1315